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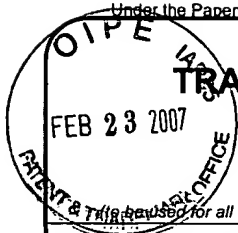
1743

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(This space is reserved for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/349,380
Filing Date	July 9, 1999
First Named Inventor	John P. Jasper
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	JASJ-4

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Post-paid Return postcard; Supplemental IDS Cover Sheet; copy of German reference and translation of same.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg Devault LLP		
Signature			
Printed name	Gregory B. Coy		
Date	February 21, 2007	Reg. No.	40,967

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Gregory B. Coy	Date	February 21, 2007

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent
application of:

John P. Jasper

Serial No. 09/349,380

Filed: July 9, 1999

A STABLE ISOTOPIC IDENTIFICATION
AND METHOD FOR IDENTIFYING
PRODUCTS BY ISOTOPIC
CONCENTRATION

)
) Before the Examiner

)
) Samuel P. Siefke

)
) Group Art Unit 1743

)
) February 21, 2007

)
) Atty. Docket No.: JASJ-4

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mailstop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Pursuant to the duty of disclosure embodiment in 37 C.F.R. §1.56, applicant wishes to bring to the attention of the Examiner the following patents, publication and/or other information listed on the attached PTO Form SB/08 (formerly Form 1449). The filing of this Second Supplemental Information Disclosure Statement shall not construed as an admission that the information cited is, or is considered to be, material to patentability as defined in §1.56 or prior art.

02/26/2007 MWOLDGE1 00000006 09349380

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180.00 OP

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Gregory B. Coy
Name of Registered Representative


Signature

February 21, 2007
Date of Signature

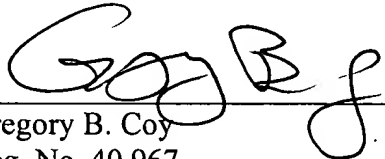
SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
USSN 09/349,380
Attorney Docket No. JASJ-4
KD_IM-907842_1.DOC

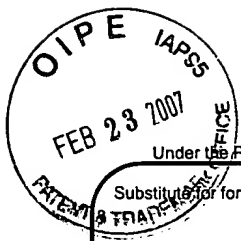
This IDS is being submitted before the receipt of a Final Office Action or Notice of Allowance per 37 CFR § 1.97(c)(2). A credit card authorization in the amount of the requisite fee is provided herewith.

The Commissioner is authorized to charge any additional fee or credit any overpayment to Deposit Account No. 12-2424, but not to include issue fees.

Respectfully submitted:

By: _____


Gregory B. Coy
Reg. No. 40,967
Krieg DeVault LLP
2800 One Indiana Square
Indianapolis, Indiana 46204-2079
Phone: (317) 636-4341



PTO/SB/08B (09-06)

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	09/349,380
Filing Date	July 9, 1999
First Named Inventor	John P. Jasper
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	JASJ-4

Sheet 1 of 1

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	1	Bommer, P., Moser, H., Stichler, W., Trimborn, P., Vetter, W. Herkunftsbestimmung von Arzneimitteln durch Messung von natürlichen Isotopenverhältnissen: D/H und 13C/12C Verhältnisse einiger Proben von Diazepam. Z. Naturforsch 31, pp. 111-114, 1976.	✓

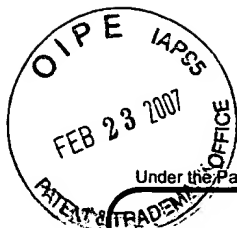
Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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PTO/SB/17 (01-06)

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FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	09/349,380
Filing Date	July 9, 1999
First Named Inventor	John P. Jasper
Examiner Name	Samuel P. Siefke
Art Unit	1743
Attorney Docket No.	JASJ-4

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: Krieg DeVault LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,967	Telephone 317-636-4341
Name (Print/Type)	Gregory B. Coy		Date February 21, 2007

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